

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
02-015

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

SEP 10 2002

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$212,000 (50% federal funds, 50% state funds)
b. FFY 2003 \$212,000 (" ")

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1-F to Attachment 3.1-A
Pages 1 through 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

NA

10. SUBJECT OF AMENDMENT:

Case Management Services for alcohol- or other-drug dependent clients

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
DENNIS BRADDOCK

14. TITLE:
Secretary

15. DATE SUBMITTED:

9/4/02

16. RETURN TO:

Department of Social and Health Services
Medical Assistance Administration
925 Plum St SE MS: 45530
Olympia, WA 98504-5530

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEP 10 2002

18. DATE APPROVED:

JAN 23 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Burner Butterfield

22. TITLE:

Associate Regional Administrator

23. REMARKS:

9/9 Olympia

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Washington

CASE MANAGEMENT SERVICES

- A. Target Group:
Persons who are Medicaid recipients (clients) and alcohol- or other drug-dependent who need assistance in obtaining necessary medical, social, educational, vocational, and other services.
- B. Areas of State in which services will be provided:

[XX] Entire State
- C. Comparability of Services:

[XX] Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a)(10)(B) of the Act.
- D. Definition of Services:
Case management is an ongoing process to assist eligible clients gain access to and effectively use necessary health and related social services.

Description of Services:

Case management will be used to either involve eligible clients in chemical dependency treatment or to support them as they move through stages of chemical dependency treatment within or between separate treatment agencies.

Core Functions: The core functions of the case manager are to provide or assist in providing:

Identification of Needs:

Complete a comprehensive and on-going assessment of the client's needs for medical, social, educational, and other related services. Address the barriers to accessing or utilizing chemical dependency treatment services and other services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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D. Description of services (cont)

Planning

Prepare and implement a written service plan that reflects the client's needs and the resources available to meet those needs in a coordinated, integrated fashion.

Linkage

Facilitate access to needed services through linkages between support systems to avoid duplication of services. These services will augment/reinforce the treatment for chemical dependency.

Advocacy

Intervene with agencies/persons to help clients receive appropriate benefits or services. Also, help the client obtain a needed service or accomplish a necessary task. Be available to help problem-solve when there is a crisis in the client's treatment plan. Advocate for the client's treatment needs with treatment providers.

Accountability

Retain documentation of case management plan and services provided. Submit data as required.

E. Qualifications of Providers:

Case management services will be provided through contracts between the Medicaid agency and chemical dependency treatment agencies certified under Chapter 388-805 WAC in order to ensure that the case managers for these clients are capable of providing the full range of services needed by these targeted clients.

Case management services will be provided by a Substance Abuse counselor who meets the requirements of a certified Chemical Dependency Professional or a Chemical Dependency Professional Trainee as defined in WAC 388-805.

TN # 02-015
Supercedes
TN # -----

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F. The state assures that the provision of case management services will not restrict a client's free choice of providers in violation of Section 1902 (a)(23) of the Act.

1. Eligible clients will have free choice to receive or not receive case management services.
2. Eligible clients will have free choice of the providers of other medical care under the plan.

Payment for case management services under the plan will not duplicate payments made to public agencies or private entities under other program authorities this same purpose.

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